



AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I hereby authorize the City of Troy, to initiate debit payment entries monthly on the payment due date, to my account indicated below at the financial institution named below. I understand that this authorization is to remain in full force and effect until the City of Troy, has received written notification from me of its termination in such time and in such manner as to afford it and the financial institution named below a reasonable opportunity to act on it.

CITY OF TROY ACCOUNT NUMBER: _____

NAME ON ACCT: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

FINANCIAL INSTITUTION: _____

BANK ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

ACCT. TYPE: CHECKING ____ SAVINGS ____

ATTACH VOIDED CHECK HERE

SIGNED: _____

DATE: _____